24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼
	C C00490375
Check If 24-hour report X 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee Campaign Workshop	Date
Mailing Address 1129 20th Street, Suite 200	10
City State Zip Code	
Washington DC 20036	25000.00 Transaction ID : D484969
Purpose of Expenditure Online advertising buy Category/ Type	Senate District: 04
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Steven A Horsford Ch	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 51500.00 Dis	bursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Campaign Workshop	10 26 2012
Mailing Address 1129 20th Street, Suite 200	Amount
City State Zip Code Washington DC 20036	25000.00
Purpose of Expenditure Online advertising buy Category/ Type Off	Transaction ID : D484971 ice Sought: House State: CA Senate District: 07
Name of Federal Candidate Supported or Opposed by Expenditure:	President District: 07
	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 54500.00 Dis	bursement For: Primary General Other (specify)
	,
(a) SUBTOTAL of Itemized Independent Expenditures	50000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	10 27 2012
Signature	